

REGISTRATION FORM

Four easy ways to register:

Telephone: (703) 538-1798

Fax: (703) 241-5603

E-mail: tchalkley@astcdpd.org

Mail: ASTCDPD
Attn: Teri Chalkley
111 Park Place
Falls Church, VA 22046-4513

Name: _____
First Middle Initial Last Degree(s)

Title: _____

Name: _____
As you wish it to appear on name tag

Business Address: _____

Telephone: _____ Fax: _____

E-mail: _____

I have special needs. They are: _____

Check payment method(s):

- ☐ Purchase order enclosed ☐ Send me a receipt
☐ Check enclosed (Please make check payable to ASTCDPD) Tax ID Number 73-1328414
☐ VISA or MasterCard:

Credit Card No. Exp. Date: _____

Signature: _____

Fees: (Check all that apply)

- ☐ Early registration: \$150 (before October 29)
☐ On-site Registration: \$200 (after October 29)
☐ One-day Registration: \$ 75
☐ Student Registration: \$ 75
☐ CEU Fee: \$ 50

Total amount enclosed _____

Cancellation: Cancellations received by **October 29, 1999**, will be refunded minus a \$25 administrative fee. No refund will be provided for cancellations received after the deadline.

Registration Questions: If you have questions regarding your registration or CEUs, please contact Teri Chalkley at ASTCDPD (telephone, fax, E-mail, and mailing address are listed at the top of this page).

Exhibits: Call Adeline Yerkes at (405) 271-4072, ext. 57123, with any questions regarding exhibits.

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Please check **ONE** from each category that closely describes your profession, work setting, and type of work activity.

Profession

- | | | |
|--|---|---|
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Physician | <input type="checkbox"/> Epidemiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Educator | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Health Administrator |
| <input type="checkbox"/> Student | <input type="checkbox"/> Statistician | <input type="checkbox"/> Other (specify) |
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Work Setting

- | | | |
|--|---|---|
| <input type="checkbox"/> CDC | <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> University | <input type="checkbox"/> Other Federal Agency | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Managed Care/Primary Care | <input type="checkbox"/> American Heart Association | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> State Health Department | <input type="checkbox"/> Voluntary Organization | |
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Type of Work Activity

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Research | <input type="checkbox"/> Health Communication and Social Marketing |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Consulting | <input type="checkbox"/> Community Health |
| <input type="checkbox"/> Health Promotion & Education | <input type="checkbox"/> Policy | <input type="checkbox"/> Program |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Administration/Management | | <input type="checkbox"/> Other (specify) |
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